

Enterprise Technology Services Department
Public Access

MIAMI DADE COUNTY
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PHONE 305-596-8148 FAX 305-596-8072
publicaccess@miamidade.gov

DATE ORDERED: _____

INV#: _____
(COUNTY USE ONLY)

CUSTOMER NAME: _____
(Please Print All)

COMPANY NAME: _____

ADDRESS: _____
(City) (St.) (Zip)

PHONE #: _____ EXT _____ FAX # _____

EMAIL ADDRESS: _____
(Please Print All)

ORDER FORM: (SELECT & ENTER THE QUANTITY THAT APPLIES) TOTAL \$

___ AERIAL PHOTOS (DIGITAL FORM) ___ ENTIRE SET 44 CD'S _____

___ ATTORNEY SEARCH (REPORT) ___ CIVIL ___ CRIMINAL _____

___ CRIME STATISTICS/GRIDS (REPORT) _____
(Include Address, City, Zip, and Year(s), in selection criteria. Up to 8, addresses in one charge.)

(THE DATA BELOW IS DONE IN FIXED LENGTH ASCII)

___ ENTIRE PROPERTY FILE ___ PROPERTY EXTRACT _____
(Please write your criteria below.)

___ ENTIRE OCL FILE ___ OCL EXTRACT _____
(Please write your criteria below.)

___ VALUE MASTER ___ TAX MASTER ___ LANDS AVAILABLE _____

___ DELINQUENT FILE ___ WASAD LIENS ___ SOLID WASTE _____

___ OPEN TAX CERTIFICATES ___ COURT REGISTRY _____

___ GIS BASIC COVERAGES-Level 1 ___ Level 2 _____

Select Format: ___ ARCVIEW ___ ARCINFO ___ AUTOCAD. Each additional format(s) \$50.00

___ S & H (\$20) _____

TOTAL COST \$ _____

REQUESTED AREA OR OTHER SELECTION CRITERIA: _____

PAYABLE TO: BOARD OF COUNTY COMMISSIONERS.

DELIVERY METHOD: PICK UP ___ OR FEDEX ___

FORM OF PAYMENT: VISA ___ MASTERCARD ___ CHECK # _____ MONEY ORDER _____

IF YOU WANT YOUR ITEM SHIPPED AN ADDITIONAL \$20 CHARGE WILL BE APPLIED.

UNLESS YOU SUPPLY YOUR ACCOUNT #. _____

(We only use FEDEX. P.O. Boxes are not deliverable addresses.)

___ TOTAL REQUESTED ITEMS \$ _____ TOTAL COST DATE CMPLT: _____
COUNTY USE ONLY